

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

1071987y

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		1				
6		3				
7		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	8					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						